

|                                 |   |                               |                                   |
|---------------------------------|---|-------------------------------|-----------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>HART-125322176</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                   |
| <i>First Filing Company:</i>    | <i>Hartford Casualty Insurance Company, ...</i>           | <i>State Tracking Number:</i> | <i>AR-PC-07-026466</i>            |
| <i>Company Tracking Number:</i> | <i>FN.07.883.2007.26</i>                                  |                               |                                   |
| <i>TOI:</i>                     | <i>05.0 Commercial Multi-Peril - Liability &amp; Non-</i> | <i>Sub-TOI:</i>               | <i>05.0003 Commercial Package</i> |
|                                 | <i>Liability</i>  |                               |                                   |
| <i>Product Name:</i>            | <i>Identity Recovery 2007</i>                             |                               |                                   |
| <i>Project Name/Number:</i>     | <i>Spectrum/FN.07.883.2007.26</i>                         |                               |                                   |

## Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Underwriters Insurance Company, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company, Hartford Insurance Company of the Midwest, Property and Casualty Insurance Company of Hartford

|  |  |  |
|--|--|--|
| Product Name: Identity Recovery 2007                         | SERFF Tr Num: HART-125322176   | State: Arkansas  |
| TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability | SERFF Status: Closed   | State Tr Num: AR-PC-07-026466                                      |
| Sub-TOI: 05.0003 Commercial Package                          | Co Tr Num: FN.07.883.2007.26   | State Status:  |
| Filing Type: Form  | Co Status: Initial Filing  | Reviewer(s): Betty Montesi,<br>Llyweyia Rawlins, Brittany Yielding |
|  | Authors: Joyce Driscoll, Claire<br>Dubord, Marilu Gonzalez,<br>Stephanie Wieczorek, Cheryl Slock | Disposition Date: 10/18/2007                                       |
|  | Date Submitted: 10/17/2007   | Disposition Status: Approved                                       |
| Effective Date Requested (New): 12/01/2007                   |  | Effective Date (New): 12/01/2007                                   |
| Effective Date Requested (Renewal): 12/01/2007               |  | Effective Date (Renewal):<br>12/01/2007                            |

## General Information

|  |                                       |
|--|---------------------------------------|
| Project Name: Spectrum   | Status of Filing in Domicile: Pending |
| Project Number: FN.07.883.2007.26  | Domicile Status Comments:             |
| Reference Organization:  | Reference Number:                     |
| Reference Title:   | Advisory Org. Circular:               |
| Filing Status Changed: 10/18/2007  |                                       |
| State Status Changed: 10/18/2007   | Deemer Date:                          |
| Corresponding Filing Tracking Number:  |                                       |
| Filing Description:  |                                       |
| Attached please find revised Form SS 41 12 12 07 Identity Recovery Coverage for Businessowners and Employees. The purpose of this filing is to update our Identify Recovery Coverage on our Spectrum product as described in the Explanatory Memorandum prepared by Jennifer Wilson. |                                       |

|                                 |   |                               |                                   |
|---------------------------------|---|-------------------------------|-----------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>HART-125322176</i>   | <i>State:</i>                 | <i>Arkansas</i>                   |
| <i>First Filing Company:</i>    | <i>Hartford Casualty Insurance Company, ...</i>                     | <i>State Tracking Number:</i> | <i>AR-PC-07-026466</i>            |
| <i>Company Tracking Number:</i> | <i>FN.07.883.2007.26</i>  |                               |                                   |
| <i>TOI:</i>                     | <i>05.0 Commercial Multi-Peril - Liability &amp; Non- Liability</i> | <i>Sub-TOI:</i>               | <i>05.0003 Commercial Package</i> |
| <i>Product Name:</i>            | <i>Identity Recovery 2007</i>                                       |                               |                                   |
| <i>Project Name/Number:</i>     | <i>Spectrum/FN.07.883.2007.26</i>                                   |                               |                                   |

## Company and Contact

### Filing Contact Information

Marilu Gonzalez, Administrative Assistant  
Hartford Plaza HO-2-19  
Hartford, CT 06115

(860) 547-3471 [Phone]  
(860) 547-4849[FAX]

### Filing Company Information

Hartford Casualty Insurance Company  
Hartford Plaza  
Hartford, CT 06115  
(860) 547-5000 ext. [Phone]

CoCode: 29424  
Group Code: 91  
Group Name:  
FEIN Number: 06-0294398

State of Domicile: Indiana  
Company Type: Property  
State ID Number:

-----

Hartford Underwriters Insurance Company  
Hartford Plaza  
Hartford, CT 06115  
(860) 547-5000 ext. [Phone]

CoCode: 30104  
Group Code: 91  
Group Name:  
FEIN Number: 06-1222527

State of Domicile: Connecticut  
Company Type: Property  
State ID Number:

-----

Twin City Fire Insurance Company  
Hartford Plaza  
Hartford, CT 06115  
(860) 547-5000 ext. [Phone]

CoCode: 29459  
Group Code: 91  
Group Name:  
FEIN Number: 06-0732738

State of Domicile: Indiana  
Company Type: Property  
State ID Number:

-----

Hartford Fire Insurance Company  
Hartford Plaza  
690 Asylum Avenue  
Hartford, CT 06115  
(860) 547-5000 ext. [Phone]

CoCode: 19682  
Group Code: 91  
Group Name:  
FEIN Number: 06-0383750

State of Domicile: Connecticut  
Company Type:  
State ID Number:

-----

Hartford Accident and Indemnity Company  
690 Asylum Ave  
Hartford, CT 06115  
(860) 547-5000 ext. [Phone]

CoCode: 22357  
Group Code: 91  
Group Name:  
FEIN Number: 06-0383030

State of Domicile: Connecticut  
Company Type: Property  
State ID Number:

-----

Hartford Insurance Company of the Midwest

CoCode: 37478

State of Domicile: Indiana

SERFF Tracking Number: HART-125322176 State: Arkansas  
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: AR-PC-07-026466  
Company Tracking Number: FN.07.883.2007.26  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: Identity Recovery 2007  
Project Name/Number: Spectrum/FN.07.883.2007.26

Hartford Plaza Group Code: 91 Company Type: Property  
Hartford, CT 06115 Group Name: State ID Number:  
(860) 547-5000 ext. [Phone] FEIN Number: 06-1008026

-----

Property and Casualty Insurance Company of CoCode: 34690 State of Domicile: Indiana  
Hartford

Hartford Plaza Group Code: 91 Company Type: Property  
Hartford, CT 06115 Group Name: State ID Number:  
(860) 547-5000 ext. [Phone] FEIN Number: 06-1276326

-----

SERFF Tracking Number: HART-125322176 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: AR-PC-07-026466

Company Tracking Number: FN.07.883.2007.26

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Identity Recovery 2007

Project Name/Number: Spectrum/FN.07.883.2007.26

## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

| COMPANY   | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Hartford Fire Insurance Company                     | \$50.00 | 10/17/2007     | 16161626      |
| Hartford Casualty Insurance Company                 | \$0.00  | 10/17/2007     |               |
| Hartford Underwriters Insurance Company             | \$0.00  | 10/17/2007     |               |
| Property and Casualty Insurance Company of Hartford | \$0.00  | 10/17/2007     |               |
| Hartford Insurance Company of the Midwest           | \$0.00  | 10/17/2007     |               |
| Twin City Fire Insurance Company                    | \$0.00  | 10/17/2007     |               |
| Hartford Accident and Indemnity Company             | \$0.00  | 10/17/2007     |               |

|                          |   |                        |                            |
|--------------------------|---|------------------------|----------------------------|
| SERFF Tracking Number:   | HART-125322176  | State:                 | Arkansas                   |
| First Filing Company:    | Hartford Casualty Insurance Company, ...                    | State Tracking Number: | AR-PC-07-026466            |
| Company Tracking Number: | FN.07.883.2007.26   |                        |                            |
| TOI:                     | 05.0 Commercial Multi-Peril - Liability & Non-<br>Liability | Sub-TOI:               | 05.0003 Commercial Package |
| Product Name:            | Identity Recovery 2007                                      |                        |                            |
| Project Name/Number:     | Spectrum/FN.07.883.2007.26                                  |                        |                            |

## Correspondence Summary

## Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 10/18/2007 | 10/18/2007     |

|                          |  |                        |                            |
|--------------------------|--|------------------------|----------------------------|
| SERFF Tracking Number:   | HART-125322176   | State:                 | Arkansas                   |
| First Filing Company:    | Hartford Casualty Insurance Company, ...               | State Tracking Number: | AR-PC-07-026466            |
| Company Tracking Number: | FN.07.883.2007.26                                      |                        |                            |
| TOI:                     | 05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI: |                        | 05.0003 Commercial Package |
|                          | Liability  |                        |                            |
| Product Name:            | Identity Recovery 2007                                 |                        |                            |
| Project Name/Number:     | Spectrum/FN.07.883.2007.26                             |                        |                            |

## Disposition

Disposition Date: 10/18/2007  
Effective Date (New): 12/01/2007  
Effective Date (Renewal): 12/01/2007  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

|   |        |
|---|--------|
| Overall Percentage Rate Indicated For This Filing             | 0.000% |
| Overall Percentage Rate Impact For This Filing                | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0    |
| Effect of Rate Filing - Number of Policyholders Affected      | 0      |

| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty            | Approved    | Yes           |
|                     | Explanatory Memorandum                                      | Approved    | Yes           |
| Form                | Identity Recovery Coverage for Businessowners and Employees | Approved    | Yes           |

SERFF Tracking Number: HART-125322176 State: Arkansas

First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: AR-PC-07-026466

Company Tracking Number: FN.07.883.2007.26

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability

Product Name: Identity Recovery 2007

Project Name/Number: Spectrum/FN.07.883.2007.26

## Form Schedule

| Review Status | Form Name   | Form #         | Edition Date | Form Type Action                          | Action Specific Data   | Readability | Attachment        |
|---------------|---|----------------|--------------|---|--|-------------|-------------------|
| Approved      | Identity Recovery Coverage for Businessowners and Employees | SS 41 12 12 07 |              | Endorsement/Amendment/Conditions Replaced | Replaced Form #:0.00 SS 41 12 09 05 Previous Filing #: FN.07.883.2005.12 |             | SS 41 12 Form.PDF |





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **IDENTITY RECOVERY COVERAGE FOR BUSINESSOWNERS AND EMPLOYEES**

### **IDENTITY THEFT CASE MANAGEMENT SERVICE AND EXPENSE REIMBURSEMENT**

This endorsement modifies insurance provided under the following:

#### **SPECIAL PROPERTY COVERAGE FORM**

- A.** The following is added to paragraph 5. Additional Coverages (Section A. – Coverage):

##### **IDENTITY RECOVERY COVERAGE**

We will provide the Case Management Service and Expense Reimbursement Coverage indicated below if all of the following requirements are met:

1. There has been an "identity theft" involving the personal identity of an "identity recovery insured" under this policy; and
2. Such "identity theft" is first discovered by the "identity recovery insured" during the policy period for which this Identity Recovery coverage is applicable; and
3. Such "identity theft" is reported to us as soon as practicable but in no event later than 60 days after it is first discovered by the "identity recovery insured."

If all three of the requirements listed above have been met, then we will provide the following to the "identity recovery insured":

##### **1. Case Management Service**

Services of an "identity recovery case manager" as needed to respond to the "identity theft"; and

##### **2. Expense Reimbursement**

Reimbursement of necessary and reasonable "identity recovery expenses" incurred as a direct result of the "identity theft."

This coverage is additional insurance.

- B.** The following additional exclusions are added to Section B. – Exclusions and apply to this coverage:

##### **EXCLUSIONS**

We do not cover loss or expense arising from any of the following:

1. Theft of a professional or business identity.
2. Any fraudulent, dishonest or criminal act by an "identity recovery insured" or any person aiding or abetting an "identity recovery insured", or by any authorized representative of an "identity recovery insured", whether acting alone or in collusion with others. However, this exclusion shall not apply to the interests of an "insured" who has no knowledge of or involvement in such fraud, dishonesty or criminal act.
3. Loss other than "identity recovery expenses".
4. An "identity theft" that is first discovered by the "identity recovery insured" prior to or after the policy period for which this coverage applies. This exclusion applies whether or not such "identity theft" began or continued during the period of coverage.
5. An "identity theft" that is not reported to us within 60 days after it is first discovered by the "identity recovery insured."
6. An "identity theft" that is not reported in writing to the police.

### C. LIMITS OF INSURANCE

1. Case Management Service is available as needed for any one "identity theft" for up to 12 consecutive months from the inception of the service. Expenses we incur to provide Case Management Service do not reduce the amount of limit available for Expense Reimbursement coverage.
2. Expense Reimbursement coverage is subject to a limit of \$15,000 annual aggregate per "identity recovery insured." Regardless of the number of claims, this limit is the most we will pay for the total of all loss or expense arising out of all "identity thefts" to any one "identity recovery insured" which are first discovered by the "identity recovery insured" during a 12-month period starting with the beginning of the present annual policy period. If an "identity theft" is first discovered in one policy period and continues into other policy periods, all loss and expense arising from such "identity theft" will be subject to the aggregate limit applicable to the policy period when the "identity theft" was first discovered.
  - a. Legal costs as provided under paragraph **d.** of the definition of "identity recovery expenses" are part of, and not in addition to, the Expense Reimbursement coverage limit.
  - b. Lost Wages and Child and Elder Care Expenses as provided under paragraphs **e.** and **f.** of the definition of "identity recovery" are jointly subject to a sublimit of \$250 per day, not to exceed \$5,000 in total. This sublimit is part of, and not in addition to, the Expense Reimbursement coverage limit. Coverage is limited to lost wages and expenses incurred within 12 months after the first discovery of the "identity theft" by the "identity recovery insured".
  - c. Mental Health Counseling as provided under paragraph **g.** of the definition of "identity recovery expenses" is subject to a sublimit of \$1,000. This sublimit is part of, and not in addition to, the Expense Reimbursement coverage limit. Coverage is limited to counseling that takes place within 12 months after the first discovery of the "identity theft" by the "identity recovery insured".

### D. DEDUCTIBLE

Case Management Service is not subject to a deductible.

Expense Reimbursement coverage is subject to a deductible of \$250. Any one "identity recovery insured" shall be responsible for only one deductible under this Identity Recovery Coverage during any one policy period.

- E. The following additional conditions are added to Section **F.** – Property General Conditions and apply to this coverage:

#### CONDITIONS

##### 1. Assistance and Claims

For assistance, the "identity recovery insured" should call the **Identity Recovery Help Line** at **1-888-772-1798**.

The **Identity Recovery Help Line** can provide the "identity recovery insured" with:

- a. Information and advice for how to respond to a possible "identity theft"; and
- b. Instructions for how to submit a service request for Case Management Service and/or a claim form for Expense Reimbursement Coverage.

In some cases, we may provide Case Management services at our expense to an "identity recovery insured" prior to a determination that a covered "identity theft" has occurred. Our provision of such services is not an admission of liability under the policy. We reserve the right to deny further coverage or service if, after investigation, we determine that a covered "identity theft" has not occurred.

As respects Expense Reimbursement Coverage, the "identity recovery insured" must send to us, within 60 days after our request, receipts, bills or other records that support his or her claim for "identity recovery expenses."

##### 2. Services

The following conditions apply as respects any services provided by us or our designees to any "identity recovery insured" under this endorsement:

- a. Our ability to provide helpful services in the event of an "identity theft" depends on the cooperation, permission and assistance of the "identity recovery insured."

- b. All services may not be available or applicable to all individuals. For example, "identity recovery insureds" who are minors or foreign nationals may not have credit records that can be provided or monitored. Service in Canada will be different from service in United States and Puerto Rico in accordance with local conditions.
  - c. We do not warrant or guarantee that our services will end or eliminate all problems associated with an "identity theft" or prevent future "identity thefts."
- F. With respect to the provisions of this endorsement only, the following definitions are added to Section G. – Property Definitions:
 

**DEFINITIONS**

  - 1. "Identity Recovery Case Manager" means one or more individuals assigned by us to assist an "identity recovery insured" with communications we deem necessary for re-establishing the integrity of the personal identity of the "identity recovery insured." This includes, with the permission and cooperation of the "identity recovery insured," written and telephone communications with law enforcement authorities, governmental agencies, credit agencies and individual creditors and businesses.
  - 2. "Identity Theft" means the fraudulent use of the social security number or other method of identifying an "identity recovery insured." This includes fraudulently using the personal identity of an "identity recovery insured" to establish credit accounts, secure loans, enter into contracts or commit crimes.  
 "Identity theft" does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity.
  - 3. "Identity Recovery Expenses" means the following when they are reasonable and necessary expenses that are incurred in the United States or Canada as a direct result of an "identity theft":
    - a. Costs for re-filing applications for loans, grants or other credit instruments that are rejected solely as a result of an "identity theft."
    - b. Costs for notarizing affidavits or other similar documents, long distance telephone calls and postage solely as a result of your efforts to report an "identity theft" or amend or rectify records as to your true name or identity as a result of an "identity theft."
    - c. Costs for up to twelve (12) credit reports from established credit bureaus dated within 12 months after your knowledge or discovery of an "identity theft."
    - d. Legal Costs  
 Fees and expenses for an attorney approved by us for:
      - (1) Defending any civil suit brought against an "identity recovery insured" by a creditor or collection agency or entity acting on behalf of a creditor for non-payment of goods or services or default on a loan as a result of an "identity theft"; and
      - (2) Removing any civil judgment wrongfully entered against an "identity recovery insured" as a result of the "identity theft."
    - e. Lost Wages  
 Actual lost wages of the "identity recovery insured" for time reasonably and necessarily take away from work and away from the work premises. Time away from work includes partial or whole work days. Actual lost wages may include payment for vacation days, discretionary days, floating holidays and paid personal days. Actual lost wages does not include sick days or any loss arising from time taken away from self employment. Necessary time off does not include time off to do tasks that could reasonably have been done during non-working hours.
    - f. Child and Elder Care Expenses  
 Actual costs for supervision of children or elderly or infirm relatives or dependents of the "identity recovery insured" during time reasonably and necessarily taken away from such supervision. Such care must be provided by a professional care provider who is not a relative of the "identity recovery insured".
    - g. Mental Health Counseling  
 Actual costs for counseling from a licensed mental health professional. Such care must be provided by a professional care provider who is not a relative of the "identity recovery insured".

**4.** "Identity Recovery Insured" means the following:

- a.** A full time employee of the entity insured under this policy; or
- b.** The owner of the entity insured under this policy who meets any of the following criteria:
  - (1)** A sole proprietor of the insured entity;
  - (2)** A partner in the insured entity; or
  - (3)** An individual having an ownership position of 20% or more of the insured entity.

An "identity recovery insured" must always be an individual person. The entity insured under this policy is not an "identity recovery insured."

All other provisions of this policy apply.

|                                 |   |                               |                                   |
|---------------------------------|---|-------------------------------|-----------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>HART-125322176</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                   |
| <i>First Filing Company:</i>    | <i>Hartford Casualty Insurance Company, ...</i>           | <i>State Tracking Number:</i> | <i>AR-PC-07-026466</i>            |
| <i>Company Tracking Number:</i> | <i>FN.07.883.2007.26</i>                                  |                               |                                   |
| <i>TOI:</i>                     | <i>05.0 Commercial Multi-Peril - Liability &amp; Non-</i> | <i>Sub-TOI:</i>               | <i>05.0003 Commercial Package</i> |
|                                 | <i>Liability</i>  |                               |                                   |
| <i>Product Name:</i>            | <i>Identity Recovery 2007</i>                             |                               |                                   |
| <i>Project Name/Number:</i>     | <i>Spectrum/FN.07.883.2007.26</i>                         |                               |                                   |

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HART-125322176 State: Arkansas  
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: AR-PC-07-026466  
Company Tracking Number: FN.07.883.2007.26  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package  
Liability  
Product Name: Identity Recovery 2007  
Project Name/Number: Spectrum/FN.07.883.2007.26

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty  
**Review Status:** Approved 10/18/2007  
**Comments:**  
Attached is the Uniform Transmittal Document.  
**Attachment:**  
PCTD1.pdf

**Satisfied -Name:** Explanatory Memorandum  
**Review Status:** Approved 10/18/2007  
**Comments:**  
Attached is the Explanatory Memorandum.  
**Attachment:**  
Form Explanatory\_IDR 2007\_CW.pdf

## Property & Casualty Transmittal Document

|   |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
|---|---|---------------------------------|--|-------------|--|-----------------|--|---------------------------------------|--|------------------------------|--|--------------|--|------------------|--|--------------------|--|--------------------|--|------------------|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 70%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table> | a. Date the filing is received: |  | b. Analyst: |  | c. Disposition: |  | d. Date of disposition of the filing: |  | e. Effective date of filing: |  | New Business |  | Renewal Business |  | f. State Filing #: |  | g. SERFF Filing #: |  | h. Subject Codes |  |
| a. Date the filing is received:                 |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| b. Analyst:                                     |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| c. Disposition:                                 |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| d. Date of disposition of the filing:           |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| e. Effective date of filing:                    |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| New Business                                    |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| Renewal Business                                |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| f. State Filing #:                              |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| g. SERFF Filing #:                              |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |
| h. Subject Codes                                |   |                                 |  |             |  |                 |  |                                       |  |                              |  |              |  |                  |  |                    |  |                    |  |                  |  |

|                                   |                     |
|-----------------------------------|---------------------|
| <b>3. Group Name</b>              | <b>Group NAIC #</b> |
| Hartford Financial Services Group | 00914               |

| 4. Company Name(s)                       | Domicile    | NAIC #      | FEIN #     | State # |
|--|-------------|-------------|------------|---------|
| Hartford Fire Ins. Co.                   | Connecticut | 00914-19682 | 06-0383750 |         |
| Hartford Accident & Indemnity Co.        | Connecticut | 00914-22357 | 06-0383030 |         |
| Hartford Casualty Ins.Co.                | Indiana     | 00914-29424 | 06-0294398 |         |
| Hartford Underwriters Ins. Co.           | Connecticut | 00914-30104 | 06-1222527 |         |
| Twin City Fire Ins.Co.                   | Indiana     | 00914-29459 | 06-0732738 |         |
| Hartford Ins. Co. of the Midwest         | Indiana     | 00914-37478 | 06-1008026 |         |
|  |             |             |            |         |
| Property & Casualty Ins. Co. of Hartford | Indiana     | 00914-34690 | 06-1276326 |         |
|  |             |             |            |         |

|                                   |                   |
|-----------------------------------|-------------------|
| <b>5. Company Tracking Number</b> | Fn.07.883.2007.26 |
|-----------------------------------|-------------------|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6. | Name and address                      | Title | Telephone #s        | FAX #        | e-mail           |
|----|---------------------------------------|-------|---------------------|--------------|------------------|
|    | Cheryl Slock                          |       |                     |              | Cheryl.Slock     |
|    | Hartford Plaza, Hartford, CT 06115    |       | 860-547-3339        | 860-547-3519 | @TheHartford.com |
| 7. | Signature of authorized filer         |       | <i>Cheryl Slock</i> |              |                  |
| 8. | Please print name of authorized filer |       | Cheryl Slock        |              |                  |

**Filing information** (see General Instructions for descriptions of these fields)

|   |  |
|---|--|
| 9. Type of Insurance (TOI)  | CMP  |
| 10. Sub-Type of Insurance (Sub-TOI)   | Spectrum (BOP)   |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | 5.1, 5.2   |
| 12. Company Program Title (Marketing title)   | Spectrum - Identity Recovery   |
| 13. Filing Type   | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested   | New: 12/1/07      Renewal: 12/1/07   |
| 15. Reference Filing?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 16. Reference Organization (if applicable)  |  |
| 17. Reference Organization # & Title  |  |
| 18. Company's Date of Filing  | 10/17/07   |
| 19. Status of filing in domicile  | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

**Property & Casualty Transmittal Document—**

|     |   |                   |
|-----|---|-------------------|
| 20. | This filing transmittal is part of Company Tracking # | FN.07.883.2007.26 |
|-----|---|-------------------|

|  |  |
|--|--|
| 21.  | <b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
| <p>The purpose of this filing is to update our Identity Recovery Coverage on our Spectrum product.</p> |  |

|  |   |
|--|---|
| 22.  | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)<br>[[If a state requires you to show how you calculated your filing fees, place that calculation below]] |
| <div data-bbox="136 1274 245 1291">Check #:</div> <div data-bbox="136 1306 245 1323">Amount:</div> <div data-bbox="136 1617 1440 1638">           Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.         </div> |   |

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



## EXPLANATORY MEMORANDUM – FORMS SPECTRUM POLICY - COUNTRYWIDE

### **Purpose**

The purpose of this filing is to update our Identify Recovery Coverage on our Spectrum product.

---

#### REVISED FORM

1. Identity Recovery Coverage for Businessowners and Employees

Form SS 41 12 12 07

#### WITHDRAWN FORM

1. Identity Recovery Coverage for Businessowners

Form SS 41 12 09 05

---

### **Identity Recovery Coverage for Businessowners and Employees SS 41 12 12 07**

The title of the coverage has been revised to include employees to better reflect who is covered. A side by side outlining the coverage changes is provided below.

| <b>Page<br/>Section</b>                       | <b>&amp;<br/>Change</b>  | <b>Impact</b>             |
|---|--|---------------------------|
| 1, Section B.<br>Exclusions                   | Clarified section by adding "loss or expense arising from any of the following" to the lead-in sentence and revised each of the exclusions to coincide.  | Clarification             |
| 1, Section B.<br>Exclusions, 2.               | Added "However, this exclusion shall not apply to the interests of an 'insured' who has no knowledge of or involvement in such fraud, dishonesty or criminal act."   | Clarification             |
| 1, Section B.<br>Exclusions, 4                | Revise the exclusion to remove the limitation of identify theft by a relative  | Broadening                |
| 2, Section C.<br>Limits of<br>Insurance, 2.b. | Added coverage sub-limit for Lost Wage and Child and Elder Care Expenses and Mental Health Counseling.   | Broadening                |
| 2, Section D.<br>Deductible                   | Revised the deductible to \$250 from policy deductible.  | None or<br>Broadening.    |
| 2, Section E.<br>Conditions, 1                | Added provision clarifying that we may provide Case Management services at our expense prior to the determination that a covered loss has occurred. In doing so we are not admitting liability under the policy and reserve the right to deny further coverage if it is determined that a covered loss has not occurred. | Clarification             |
| 2, Section E.<br>Conditions, 2.b.             | Add provision that all services may not be available to all individuals due to minor or foreign national status, or if in Canada.  | Clarification             |
| 3, Section F.<br>Definitions, 2.              | Expanded the definition of "identity theft" by removing the reference that unauthorized use of a credit card or bank account was not identity theft.   | Broadening of<br>Coverage |
| 3, Section F.<br>Definitions, 3.c.            | Increased the number of credit reports from 6 to 12.   | Broadening of<br>Coverage |



**EXPLANATORY MEMORANDUM – FORMS  
SPECTRUM POLICY - COUNTRYWIDE**

|                                    |   |                        |
|------------------------------------|---|------------------------|
| 3, Section F. Definitions, 3.d     | Revised to state that fees and expenses for an attorney approved not appointed by us.   | Broadening of Coverage |
| 3, Section F. Definitions, e, f, g | Added language to include Lost Wages, Child and Elder Care Expenses and Mental Health Counseling in the definition of "Identity Recovery Expenses". | Broadening of Coverage |
| 4, Section F. Definitions, 4.      | Added language to include full time employees as "Identity Recovery Insureds"   | Broadening of Coverage |

**Impact:** This is an expansion of coverage. There is no rate or rule impact with this change.

Prepared By:

*Jennifer Wilson*

**Jennifer Wilson**  
Spectrum Product Specialist  
Applied Research and Product Development  
The Hartford Financial Services Group  
(860) 547-5972  
[Jennifer.Wilson@thehartford.com](mailto:Jennifer.Wilson@thehartford.com)

